



**ARKANSAS INSURANCE DEPARTMENT  
LICENSE DIVISION  
1200 WEST 3<sup>RD</sup> STREET  
LITTLE ROCK, AR 72201  
PHONE: 501-371-2750  
FAX: 501-683-2604**

## RESIDENT PRODUCER TESTING AND LICENSING INSTRUCTIONS

1. a. Applicant must complete the correct application and include the proper fee according to the following chart. Cashier's check, company check, or money order should be made payable to "Promissor."

Application Type	Licensing and Exam Fees	Proper Application
Agent	1 Exam = \$84 2 Exams = \$96	AID-LI-RP
Broker	1 Exam = \$114 2 Exams = \$126	AID-LI-RP
Consultant	1 Exam = \$124 2 Exams = \$136	AID-LI-RP
Adjuster	1 Exam = \$124 2 Exams = \$136 3 Exams = \$148	AID-LI-ADJ
Surplus Lines Broker/Producer	\$1,107	AID-LI-SLB

- b. **NEW - EFFECTIVE MAY 1, 2006:** The Arkansas Insurance Department is required to complete Criminal Background Checks on all resident applicants. The applicant must complete the Arkansas State Police Form ASP-122 (located at the end of the License Application) and attach a legible copy of your driver's license or a legible copy of your state identification card, if you do not have a driver's license. You must also attach a company, agency, money order or cashier's check in the amount of \$20.00 made payable to the "Arkansas Insurance Department." No personal checks accepted. The completed Form ASP-122, copy of your driver's license, and check made payable to the "Arkansas Insurance Department" must be attached to your application when you send it to the Promissor processing office for an examination permit.
2. This fee includes all initial Arkansas licensing fees and the initial examination fee. These fees are fully earned when the application is processed. ***These fees are not refundable.***
3. The examination permit is good for only 90 days. *If the applicant has not taken the examination in that period of time, a new application and new fees will be required.*
4. Once the applicant has received an examination permit, the applicant must contact Promissor at 1-888-204-6259 to schedule a test date. *The test date cannot be scheduled until the applicant has the permit in hand.*
5. If the applicant has held a license in another state, a letter of clearance must be submitted with the application.
6. The applicant must be at least 18 years of age or if not of legal age, minority rights must be removed by a court order and a copy of the court order must be forwarded along with the application and fees.
7. *Applicants taking the Life, Disability, and/or Multi-line examinations must present a certification of completion of pre-licensing education at the examination site or the applicant will not be allowed to take the examination and must pay a new examination fee.*
8. Applicants must present two forms of positive identification at the test center on the date of examination - one with a signature and a photograph (preferably a driver's license), and one additional signature identification card. Candidates appearing for examination without proper identification will not be admitted to the examination and will forfeit prepaid examination fees.

9. If the applicant fails the examination, the applicant must call Promissor at 1-888-204-6259 to make a new exam reservation. A reexamination fee of \$80 for one examination or \$92 for two examinations in the same exam session must be submitted at the test center on the date of examination. Fees must be made payable to "Promissor" and must be in the form of a cashier's check, company check, or money order. NO cash, personal checks, or credit cards will be accepted. Reexamination must occur within 90 days of the date the original examination permit was issued.
10. Any applicant failing the examination twice will be required to wait 60 days to retake the examination for the third time.
11. The examination will be scored at the test center on the date of examination.
12. Licenses will be issued to candidates successfully completing the examination at the test center; however, in order to begin transacting insurance business, a completed appointment form must be submitted to the Department of Insurance.
13. All new applicants for agent licenses for life and/or disability, for property, casualty, surety, and marine insurance, Broker license, or for an Insurance Consultant's license must satisfy thirty-six (36) hours of pre-licensing education. Each applicant must finish the required approved classroom instruction from one of the Insurance Department's approved providers. All new applicants for license as a Risk Retention Group Agent of a Purchasing Group Broker must satisfy this thirty-six-(36)-hour requirement. All applicants must complete the required education and present the certifications of completion at the time of the exam or the applicant will not be allowed to sit for the exam.
14. BROKER APPLICANTS ONLY must include an original bond in the amount of \$25,000. The form itself may be a photocopy, but it must include original signatures. SURPLUS LINES BROKER APPLICANTS ONLY must include an original bond in the amount of \$50,000. The form itself may be a photocopy, but it must include original signatures.
15. How to complete the License Application:

Since an application is a legal form, certain fields of information are required and must be completed prior to the application being processed. If the required information is not disclosed on the application, the application will be returned for completion. These instructions illustrate the specific areas of the application that must have responses before the application can be processed. If the information is required, the item is marked "**a required field**," and you must provide us with this information. If you reach a line which is not required and the question does not apply to you, then mark the line "**N/A**." However, if you have information you can include it in the non-required field -- one example is your e-mail address. If the Department has your e-mail address, we can send e-mail notices of important changes to laws and rules that govern your license. Since this is a legal document, corrections should be made by drawing one line through the incorrect information, rather than scratching out the information or using liquid paper. Illegible applications will be returned unprocessed.

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1. Social Security Number---**a required field**
2. If assigned, National Producer Number (NPN)
3. If applicable, NASD Individual Central Registration Depository (CRD) Number
4. Are you affiliated with a financial institution/bank? ---**a required field**
5. Last Name--- **a required field**
6. First Name-- **a required field** --**This must be your legal name—no nicknames.**
7. Middle Name---not required
8. Date of Birth--- **a required field**

9. Resident/Home Address-- **a required field**—must be a physical address cannot be a P.O. Box
10. P.O. Box---not required but you can complete if you want mail sent to that address
11. City--- **a required field**
12. State-- **a required field**
13. Zip ---- **a required field**
14. Foreign Country
15. Home phone number-- **a required field**---you can use cell phone number if you do not have a home phone.
16. Gender--- **a required field**
17. Are you a Citizen of the United States--- **a required field**—if you are not a citizen you need to attach a copy of your permit to live and work in the United States.
18. Business name---not a required field, but you can provide the information if you have a business Name.
19. Business Address—not a required field
20. P.O. Box—not a required field
21. City—not a required field
22. State—not a required field
23. Zip—not a required field
24. Foreign Country
25. Business Phone Number—not a required field
26. Business Fax Number—not a required field
27. Business e-mail Address—not a required field (e-mail address information should be given so you can receive information from the Department.
28. Business Web Site Address—not a required field
29. Applicant's Mailing Address-- **a required field**
30. P.O. Box---not required but complete if mail is to be sent to the P.O. Box
31. City-- **a required field**
32. State-- **a required field**
33. Zip-- **a required field**
34. Foreign Country
35. Assumed Business Name/Trade Name--- not a required field but should be given if you will use an assumed business name.

36. Agency or Business Entity Affiliation—a required field; however, completing this field will not put you on an agency license—the agency must submit an addition form #AID-LI-UBE-ADD and fee. This form can be found on the Department Website [www.insurance.arkansas.gov](http://www.insurance.arkansas.gov) under the License Division under License Forms.
37. Employment History-- **a required field** —you must show a full 5 years of employment history and your dates must be consistent. If you run out of space you can put information on a piece of paper and attach to the application. Begin with the present then work backwards. This chronology should also include unemployment, military service or full time education.

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38. Type of License---should be Producer---and Lines of Authority --- **a required field**

*Note: (Important) there are two types of property licenses:*

- Multi-Line (property, casualty, surety, marine) which includes commercial lines and personal lines coverages.
- Personal Lines (only) which does not include commercial lines—if you take Personal Lines (only) you will not be able to sell commercial coverages unless you retest, taking the Commercial Lines Examination.

- 38a. Have you ever or are you currently licensed as agent, producer, consultant or broker in Arkansas --- **a required field**. If yes, list the dates and type of license--- **a required field**

- 38b. Have you ever or are currently licensed as agent, producer, etc in another state-- **a required field**

If you have been licensed in another state in the last 5 years include a clearance letter from the state. A Clearance Letter indicates that your resident license in the prior state has been cancelled and you were in “good standing” at the time of cancellation.

39. **Required Fields –Required Documentation**

**If you answer any of the questions yes, you must attach a statement detailing what occurred and what was the outcome of the occurrence.** The application indicates what additional documentation is required with the exception of **35.7** and if you answer yes, attach a statement regarding the reason for the arrearage, and documentation from Child Support Enforcement showing your current status of arrearage.

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40. **Required Fields**

The application must be dated and signed with your **full legal name**---no nickname or printed name. It must be a wet signature—not a stamp.

The next line must contain your full legal name—printed or typed

Any questions regarding the completion of an application should be address to the Promissor Processing Center at 501-663-2878 or to the Arkansas Insurance Department License Division at 501-371-2750.

16. Applications should be mailed to:

**Promissor  
University Tower Building  
1123 South University Avenue, Suite 915  
Little Rock, AR 72204**